SAO 440 (Rev. 8/01) Summons in a Civil Action						
UNITED STATES DISTRICT COURT						
For the Middle District of	Alabama, Eastern Division					
Assurance Company of America, Plaintiff, V. Admiral Insurance Company, Defendant	JMMONS IN A CIVIL ACTION MBER: 3:07CU544- Mht					
	3.0700544 77110					
TO: (Name and address of Defendant)						
Daniel A. MacDonald, Registered Agent Admiral Insurance Company 1255 Caldwell Road Cherry Hill, New Jersey 08034						
YOU ARE HEREBY SUMMONED and required to serve on Pl	LAINTIFF'S ATTORNEY (name and address)					
Jason R. Watkins, Esquire BALL, BALL, MATTEWS & NOVAK, P.A. One Timber Way, Suite 200 Daphne, AL 36527						
an answer to the complaint which is served on you with this summons, of this summons on you, exclusive of the day of service. If you fail to do for the relief demanded in the complaint. Any answer that you serve colors of this Court within a reasonable period of time after service.	so, judgment by default will be taken against you					
Debra P. Hackett	June 20, 2007					
CLERK DATE (By) DIPUTY CLERK DATE						

SAO 440 (Rev. 8/01) Summons in a Civil Action			
	RETURN OF SERVI	CE	
Service of the Summons and complaint was made by	me ⁽¹⁾ DATE		
NAME OF SERVER (PRINT)	TITLE		
Check one box below to indicate appropriate	method of service		
☐ Served personally upon the defendant.	Place where served:		
 Left copies thereof at the defendant's dediscretion then residing therein. 	welling house or usual place of	abode with a person of suitable age	and
Name of person with whom the summo	ns and complaint were left:		
☐ Returned unexecuted:			
Other (specify): Certified v Ala. R. Civ.	nail pursuant to f. 4(c)(b)	F.R.C.P. 4(h), 40	(e)(1) and
	STATEMENT OF SERVICE	CE FEES	
	/ICES	TOTAL \$6	0.00
TRAVEL	DECLARATION OF SE	RVER	
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I declare under penalty of perjurcontained in the Return of Service and Sta	pecharation of SE y under the laws of the United S tement of Service Fees is true a Signature of Server	RVER States of America that the foregoing	
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the reverse side	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	does not number. I the date	I also wish to receive the following services (for an extra fee): 1.	
RETURN ADDRESS complete	3. Article Addressed to: Daniel A. Mac Donald, Registered Agent Admiral Insurance Company		Type	
	Admiral Insurance Company 1255 Caldwell Road Cherry Hill, New Jersey 08034	☐ Express ☐ Return Re 7. Date of D	ceipt for Merchandise	
	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addresse and fee is	· · ·	
<u>s</u>	PS Form 3811 , December 1994		Domestic Return Receipt	